24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	C C00487363
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Targeted Victory	Date of Public Distribution/Dissemination
,	09 30 2014
Mailing Address 1033 North Fairfax St Suite 400	Amount
City State Zip Code	83333.37
Alexandria VA 22314	Transaction ID : 1
Purpose of Expenditure Online Advertising Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Mark Udall Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
014	
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbu	orsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	83333.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	83333.37
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
24.0	9 30 / 2014
Signature	